EF-502-G-R05-1111-15000755-1 BOE-502-G (P1) REV. 5 (11-11)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

CPI)FORULT

Laura Avila
Kern County Assessor and Recorder

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

File this statement by:

			_			DECORDIN	NO DATA		
BUYER/TRANSFEREE						RECORDIN			
MAILING ADDRESS SELLER/TRANSFEROR						ded:			
					Document Number:				
				AS	Assessor's Identification Number:  MB PG PCL				
MAILING	ADDRESS			Pho	ne Numb				-
MAILING ADDRESS									
FIELD	LEASE			Buy	er:	)			
IMPO	RTANT NOTICE			Sec	:	Twp:	Rno	g:	
Statem that wh the est 90 days taxes a but not if the p	ed by the county assessor, to file a Clent must be filed at the time of recording the change in ownership has occur is probated, shall be filed at the time of from the date of a written request by pplicable to the new base year value roto exceed five thousand dollars (\$5,0 roperty is not eligible for the homeow it shall be collected like any other deligible.	ing or, if the transfer is not urred by reason of death ne the inventory and appr the Assessor results in a eflecting the change in ow 00) if the property is eligil ners' exemption if that fai	t reco the staisal pena nersh ble for	rded, within 90 tatement shall is filed. The falty of either: (1 ip of the real protee the homeown of file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be well as the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file we	days of be filed value to file be one hund roperty oners' exer willful. Ti	the date of the chewithin 150 days at the control of the control o	hange in ow after the dar Dwnership S 00); or (2) 1 nome, which thousand co e added to	nership te of dea statemer 0 percei never is dollars (S	e, except ath or, if nt within nt of the greater, \$20,000)
A. TF	RANSFER INFORMATION (Check the	appropriate boxes to indic	cate ti	he method by	which you	u acquired an inte	erest in the	property	<i>(.)</i>
1.	Purchase (complete Sections B and C	on the reverse side).	13.	Was this trans	fer solely	between husband	d and wife,		
2 L	Land Sales Contract. A contract for the purchase of property			addition of a s	pouse, div	vorce settlement, e	etc.?	☐ Yes	☐ No
2. 🗀	in which the seller retains legal title to i possession.					ly a correction of the correct		☐ Yes	□ No
3.	Inheritance. Transfer by will or intestate succession.		15		to this pr	conarty as a joint to	onant		
	Date of death		15.		old title to this property as a joint tenant, eller or transferor also a joint tenant?			☐ Yes ☐	□No
	Relationship to deceased		40			•			
4.	<b>Trade or exchange.</b> The above descritraded or exchanged for other real properties.		16.	tenancy intere		e termination of a j	oint	Yes	☐ No
	property.		17.			en family member	's or		
5.	Merger or stock acquisition.			related busine	sses?			☐ Yes	☐ No
6.	Partial interest transfer. Was less that property transferred? If yes, indicate the		18.			orded to substitute nortgage, or other		☐ Yes	□ No
	transferred %.		19.	Was this docu	ment reco	orded to create, as	ssign,		
7.	Foreclosure or trustee sale.					nterest in this prop	-	☐ Yes	☐ No
8.	Gift.		20.			transferred to a tru Revocable		Yes	☐ No
9.	Life estate.		21.			e, is the transferor sole present bene		☐ Yes	□ No
10.	Reconveyance (pay-off).		22.	·	perty reve	rt to the transferor	•	☐ Yes	
11. 🗀	Creation or assignment of a lease:	(dota)		-			0 00n: of 4		
12.	Termination of a lease:	(date)	If you answered no to 21 or 22, attach a copy of the trust agreement.						
		(date)	(Please complete the reverse side.)						

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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<b>B</b> .	PROPERTY INFORMATION (Complete each		•						
		ler's name and address: Lease name: Parcel r							
				Effective transfer date:					
4	-								
5.	Closing date: Date: Date: Date: Date: Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer question relative to the transaction:								
6.	Name, address, and phone number of any co	onsultants used in connection	with the transaction:						
7.	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).								
	Revenue interest: Work	-	,	ers & percentages:					
8.	Number of wells: Producing	Injection	All idle	Other					
9.	Productive acres in the parcel:		Total acres in the parcel:						
	Production rates at acquisition: Oil								
11.	Price received for oil and gas at acquisition:	Oil	\$/b Gas	\$/mcf					
12.	Oil gravity:API	Gas:	btu/mcf Average producing	depth: ft					
13.	Proved reserves: Developed: Oil		bbl Gas	mcf					
	Undeveloped: Oil —		bbl Gas —	mcf					
14.	Were appraisals, evaluations, cash flow projections	ections or other analyses made	e to assist in establishing a purch	nase price?					
15. C.	Please enclose a copy of the following:  a. The sales agreement or contract including agreements.  b. A complete listing of all assets acquired a wells and related equipment, separately.  c. The allocation to your company books of PURCHASE PRICE OR TRANSFER AMOU	nd liabilities assumed in the a	equisition, if not included in item						
0.	Terms: Total purchase price:		Cash to seller:						
	Production and/or conventional loan(s):								
	· ,		. ,	interest rate(s).					
	Source(s) of financing (bank, seller, etc.):								
D.		rchase price allocated to: Fixed plant & equipment: Moveable equipment Marks (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)							
	OWNEDS UP TVDE	CERTIFICA	ATION						
Pari Cor	tnership including any accom		ts, is true, correct and complete to	at the foregoing and all information hereon, the best of my knowledge and belief. <b>This</b>					
NAM	IE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed	1)	ТІТІ	.E					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT	DAT	DATE						
NAM	IE OF ENTITY (typed or printed)		FEC	ERAL EMPLOYER ID NUMBER					
PRE	PARER'S NAME AND ADDRESS (typed or printed)	ТІТІ	TITLE						
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		I						

